## Attachment B: CO-MTSS Team Membership Form

Participation requires the commitment of an MTSS Leadership Team (MLT). Requirements for representation on the MLT include: (1) A point of contact (must be a member of cabinet-level administration), (2) general education representation, (3) special education representation, (4) early childhood representation, (5) family/community representation, and (6) representation from the other initiatives overseen by the BOCES/district. Suggested representation includes: Superintendent or Assistant Superintendent, Curriculum Director, Assessment/Accountability Director, Special Education Director, Culture and Equity Director, Professional Development Director, Title I Director, Student Services Director, Parent Representative Co-Chair of District Accountability Committee, BOCES Director, school-level leadership, and district-level coaches. The purpose of the MLT is to support local Building Leadership Teams (BLTs) through professional development, technical assistance, alignment, curriculum, funding, visibility, and political support.

Responsibilities/Functions of this MLT include:

* Meet at least monthly with an Implementation Consultant (IC) and other CO-MTSS Staff, and complete tasks throughout the month;
* Complete assessments and action planning that best support local schools;
* Facilitate professional development and technical assistance for local schools related to CO-MTSS implementation; and
* Attend trainings provided by CO-MTSS Staff.

**Provide the names, titles, and signatures of those who will serve on your MLT:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Point of Contact[Cabinet Level Administration] |  | Title/Role |  | Signature |  | Date |
|  |  |  |  |  |  |  |
| General Education Representative |  | Title/Role |  | Signature |  | Date |
|  |  |  |  |  |  |  |
| Special Education Representative |  | Title/Role |  | Signature |  | Date |
|  |  |  |  |  |  |  |
| Early Childhood Representative |  | Title/Role |  | Signature |  | Date |
|  |  |  |  |  |  |  |
| Family/Community Representative |  | Title/Role |  | Signature |  | Date |
|  |  |  |  |  |  |  |
|  |  | Title/Role |  | Signature |  | Date |
|  |  |  |  |  |  |  |
|  |  | Title/Role |  | Signature |  | Date |
|  |  |  |  |  |  |  |
|  |  | Title/Role |  | Signature |  | Date |

## Attachment C: Approval and Transmittal Form

**Approval and Transmittal Form for FY 2023-2024 Empowering Action for School Improvement Program Funds**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| On  | [date] | , 2023, the board of | [applicant] | , |

reviewed the contents of the FY 2023-2024 Empowering Action for School Improvement (EASI) application and has indicated their approval for submission to the Colorado Department of Education through their signatures below.

In consideration of the receipt of these grant funds, the local education agency (LEA) agrees to comply with all assurances and provisions included in the EASI General Assurances and Program Assurances section of the application and Grant Award Letter (GAL).

The Board also certifies that the LEA will meet all program and pertinent administrative requirements, including the Education Department General Administrative Regulations (EDGAR), 2 CFR Part 200 (Uniform Grants Guidance) Accounting Circulars, and the U.S. Department of Education’s General Education Provisions Act (GEPA) requirements. In addition, the Board certifies that:

* The LEA is in compliance with the requirements of the federal Children's Internet Protection Act, and
* No policy of the LEA prevents, or otherwise denies, participation in constitutionally protected prayer in public elementary and secondary schools.

Further, the Board certifies that it understands all the rules and regulations associated with the receipt of EASI program funds, including those not specifically enumerated above, and will take action to ensure the complies with all such requirements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Board President |  | Signature |  | Date |
|  |  |  |  |  |
| LEA Authorized Representative |  | Signature |  | Date |